# Exhibit 3

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 2 of 35

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:	) Chapter 11
W. R. GRACE & CO., <u>et al</u> .,	) ) Case No. 01-01139 (JKF)
Debtors.	) Jointly Administered
Debtors.	)

# W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS PROOF OF CLAIM/QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY [DATE] TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

(IF SENT BY U.S. MAIL)

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY 201 S. LYNDALE AVE. FARIBAULT, MN 55021

(IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE)

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY [DATE].

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT, APPROVED BY THE COURT. YOU SHOULD READ THIS QUESTIONNAIRE IN ITS ENTIRETY AND FOLLOW ALL OF ITS INSTRUCTIONS. FAILURE TO DO SO MAY HAVE SIGNIFICANT CONSEQUENCES, INCLUDING: (1) YOUR BEING FOREVER BARRED FROM ASSERTING OR RECEIVING PAYMENT ON ACCOUNT OF YOUR CLAIM; AND (2) YOUR CLAIM BEING VALUED AT ZERO FOR PURPOSES OF PAYING AND ESTIMATING ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE.

THE ASSESSMENT OF GRACE'S LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS, INCLUDING YOURS, WILL UTILIZE, AND ULTIMATELY MAY BE BASED SOLELY UPON, THE INFORMATION PROVIDED IN RETURNED QUESTIONNAIRES.

#### **DEFINITIONS AND INSTRUCTIONS**

#### A. GENERAL

- This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
- 2. Your Questionnaire will be deemed filed only when it has been actually received by Rust Consulting Inc., the Claims Processing Agent. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.
- 3. Questionnaires may be filed by mail, Federal Express or United Parcel Service, or by using a similar hand delivery service.
  - Use this address if using U.S. Mail:

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
P.O. Box 1620
Faribault, MN 55021

• Use this address if delivering by Federal Express, United Parcel Service, or a similar hand delivery service:

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Ave.
Faribault, MN 55021

(between the hours of 9:00 a.m. and 4:00 p.m., Eastern Time, on business days).

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

- 4. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
- 5. ALL HOLDERS OF CLAIMS DESCRIBED ON PAGE i (AND AS DESCRIBED IN FURTHER DETAIL IN INSTRUCTION NO. 1) ARE REQUIRED TO FILE THIS QUESTIONNAIRE BY [DATE]. ANY SUCH HOLDER WHO FAILS TO DO SO SHALL BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM ASSERTING ANY SUCH CLAIMS.

YOUR QUESTIONNAIRE WILL BE USED IN CONNECTION WITH THE ESTIMATION HEARING TO BE CONDUCTED BY THE COURT PURSUANT TO THE ESTIMATION PROCEDURES ORDER (A COPY OF WHICH IS ATTACHED AS APPENDIX B).

6. ANY SUBSEQUENT AMENDMENT TO THE QUESTIONNAIRE WILL NOT BE CONSIDERED FOR ANY PURPOSE UNLESS RECEIVED BY [DATE].

7. This Questionnaire must be filed on behalf of any deceased Claimant who would have held a claim described on page i of this Questionnaire.

#### B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

If the injured person is deceased, then be sure to complete Part I (c), which concerns the primary and contributing causes of death.

All references to "you" or the like in Parts I through VII and IX shall mean the injured person.

#### C. PART II -- Asbestos-Related Medical Condition(s)

If you have received multiple diagnoses and/or consulted with multiple doctors, please complete a separate Part II to provide the requested information for each diagnosis and/or doctor. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire. Please respond to all applicable questions. If a section is left blank, then that section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section.

Respond to all applicable questions. If a section is left blank, then that section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following definitions:

Mesothelioma: Malignant mesothelioma, of which exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition, diagnosed in separate opinions from two independent pathologists certified by the American Board of Pathology.

Asbestos-Related Lung Cancer 1: Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer.

Asbestos-Related Lung Cancer 2: Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestos-related nonmalignant disease based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/0 on the ILO grade scale, or diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000); and (3) with a supporting independent medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer.

Other Cancer: Primary colon, laryngeal, esophageal, pharyngeal or stomach cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer.

Clinically Severe Asbestosis: Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine, (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 2/1 on the ILO grade scale, or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating either (a) total lung capacity less than 65% or (b) forced vital capacity less than 65% and a FEV1/FVC ratio greater than or equal to 65%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis.

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 5 of 35

Asbestosis: Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine; (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000), or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating a FEVI/FVC ratio greater than or equal to 65% with either (a) total lung capacity less than 80% or (b) forced vital capacity less than 80%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis.

Other Asbestos Disease: Any asbestos-related injuries, medical diagnoses, and/or conditions other than those above.

THESE ARE THE DEFINITIONS THAT GRACE WILL USE IN DETERMINING ITS OWN POSITION REGARDING ITS LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. ALL INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION SHOULD CONFORM TO THE DEFINITIONS. INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION THAT DO NOT CONFORM TO THE DEFINITIONS MAY BE SUBMITTED, BUT GRACE WILL ASSERT IN COURT THAT THEY SHOULD BE GIVEN LITTLE OR NO WEIGHT AND THE CLAIM ESTIMATED AT ZERO VALUE.

#### Supporting Documents for Diagnosis

This Questionnaire must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Include a history of your exposure to Grace asbestos-containing products sufficient to establish a 10-year latency period, and include all documents that relate to your exposure to Grace asbestos-containing products.

Any diagnosis relied upon should be from a medical doctor with the qualifications described in this Questionnaire and who is independent of lawyers representing asbestos claimants. A doctor or B-reader is considered "independent" if the doctor or B-reader has no social or financial relationship (direct or indirect) with lawyers representing asbestos claimants.

#### X-rays and B-reads

If a chest x-ray reading by a certified B-reader is provided along with a replicated reading by an independent certified B-reader, the chest x-rays do not need to be attached at this time, but may be requested at a later time. The Debtors intend to take the position that all chest x-ray readings must be replicated and comply with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses.

#### **Pulmonary Function Tests**

All pulmonary function test results must include the actual raw data, including all spirometric tracings, on which the results are based. All examinations, tests, and diagnoses should conform to the instructions above and below. The Debtors intend to take the position that all pulmonary function test results must comply with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies.

#### Asbestosis

The injured person should include the following for all diagnoses of asbestosis:

- i. a physical examination of the Claimant by the physician providing the diagnosis of the asbestos-related disease;
- ii. X-ray readings by certified B-readers; and
- iii. Pulmonary function test results.

Pathological evidence of the non-malignant asbestos disease in the case of a Claimant who was deceased at the time the Claim was filed shall suffice in lieu of (i), (ii), and (iii) above.

The Debtors will take the position that a physician's finding that an injured person's disease is "consistent with" or "compatible with" asbestosis is insufficient under applicable rules of evidence to prove asbestosis and will therefore seek to estimate the value of any claim based on such a diagnosis with no further evidence at zero and to value any such Claim at zero for purposes of allowance and distribution.

#### Other Asbestos Disease

Any person asserting an Other Asbestos Disease should include all chest x-ray readings, pulmonary function test results, and supporting medical diagnoses and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

#### D. PART III -- Exposure to Asbestos-Containing Products

In Part III (a), please provide the requested information for the job and worksite at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you worked at more than one job and/or worksite from which you claim exposure to Grace asbestos-containing products, please use additional copies of Part III (a), and supply the occupational code, industry code, and period of exposure for each applicable job/worksite combination. Use a separate copy of the form for each job/worksite combination. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

#### **Occupation Codes**

- 01. Air conditioning and heating installer/maintenance
- 02. Asbestos miner
- 03. Asbestos plant worker/asbestos manufacturing worker
- 04. Asbestos removal/abatement
- 05. Asbestos sprayer/spray gun mechanic
- 06. Assembly line/factory/plant worker
- 07. Auto mechanic/bodywork/brake repairman
- 08. Boilermaker
- 09. Boiler repairman
- 10. Boiler worker/cleaner/inspector/engineer/installer
- 11. Building maintenance/building superintendent
- 12. Brake manufacturer/installer
- 13. Brick mason/layer/hod carrier
- 14. Burner operator
- 15. Carpenter/woodworker/cabinetmaker
- 16. Chipper
- 17. Clerical/office worker
- 18. Construction general
- 19. Custodian/janitor in office/residential building
- 20. Custodian/janitor in plant/manufacturing facility
- 21. Electrician/inspector/worker
- 22. Engineer
- 23. Firefighter
- 24. Fireman
- 25. Flooring installer/tile installer/tile mechanic
- 26. Foundry worker
- 27. Furnace worker/repairman/installer
- 28. Glass worker
- 29. Heavy equipment operator (includes truck, forklift, & crane)
- 30. Insulator

- 31. Iron worker
- 32. Joiner
- 33. Laborer
- 34. Longshoreman
- 35. Machinist/machine operator
- 36. Millwright/mill worker
- 37. Mixer/bagger
- 38. Non-asbestos miner
- 39. Painter
- 40. Pipefitter
- 41. Plasterer
- 42. Plumber install/repair
- 43. Power plant operator
- 44. Professional (e.g., accountant, architect, physician)
- 45. Railroad worker/carman/brakeman/machinist/conductor
- 46. Refinery worker
- 47. Remover/installer of gaskets
- 48. Rigger/stevedore/seaman
- 49. Rubber/tire worker
- 50. Sandblaster
- 51. Sheet metal worker/sheet metal mechanic
- 52. Shipfitter/shipwright/ship builder
- 53. Shipyard worker (md. repair, maintenance)
- 54. Steamfitter
- 55. Steelworker
- 56. Warehouse worker
- 57. Welder/blacksmith
- 58. Other

#### **Industry Codes**

- 001. Asbestos abatement/removal 109. Petrochemical
- 002. Aerospace/aviation
- 100. Asbestos mining
- 101. Automotive
- 102. Chemical
- 103. Construction trades
- 104. Iron/steel
- 105. Longshore
- 106. Maritime
- 107. Military (other than U.S. Navy)
- 108. Non-asbestos products manufacturing

- - 110. Railroad
  - 111. Shipyard-construction/repair
  - 112. Textile
  - 113. Tire/rubber
  - 114, U.S. Navy
  - 115. Utilities
  - 116. Grace asbestos manufacture or milling
  - 117. Non-Grace asbestos manufacture or milling
  - 118. Other

#### Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 7 of 35

In Part III (b), please provide the requested information for the each site at which the you were exposed to asbestos-containing products other than Grace products. Indicate the dates of exposure to non-Grace asbestos-containing products. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III (a) to indicate your occupation and the industry in which you worked at each site. If you worked at more than one job and/or worksite where you claim exposure to asbestos, please use additional copies of Part III (b) and supply the occupational code, industry code and period of exposure for each applicable job/worksite combination.

#### E. PART IV -- Employment History

In Part IV, please provide the information requested for each job you have held, other than jobs already listed in Part III. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job.

#### F. PART V -- Litigation and Claims Regarding Asbestos and/or Silica

In Part V, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

#### G. PART VI -- Claims by Dependents or Related Persons

Part VI is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace <u>not</u> involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

#### H. PART VII -- Supporting Documentation

This Questionnaire must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed.

Original documents that are attached will be returned within a reasonable time after Grace, its professionals, and its experts have reviewed the documents. In Part VII, please mark the boxes next to each type of documents that you are submitting with this Ouestionnaire.

#### I. PART VIII -- Attestation of Injured Person that Information is True and Complete

By signing Part VIII, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true and accurate. You are further attesting and swearing that you have not omitted any requested information, the inclusion of which would have a material effect on any right to assert a Claim against the Debtors' estates. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire, including Part X, and references in Part X to "you" mean the person completing and filing this Questionnaire.

#### J. PART IX -- To be Completed by the Legal Representative of the Injured Person

If you are represented by a lawyer, your lawyer must complete and sign Part IX. Your lawyer must assist in the completion of this Questionnaire and must conduct reasonable inquiries and investigation to obtain all materials requested by this Questionnaire. By signing Part IX, your lawyer is attesting and swearing that to the best of his/her knowledge, based upon a reasonable investigation of the facts, all of the information in this Questionnaire is true, accurate and complete.

# CARPI-911391AMOF IN 1998 29 9 2 18 OF LEGO VICE A 1950 URSUE 8 OF 35

a. GENERAL INFORMATION			
1. Name of Claimant:	2. Gend	er: Male Femal	e
3. Race (for purposes of evaluating Pulmonary Function Test res	sults): White/Cau	ucasian 🗌 African Ar	nerican 🗌 Other
4. Social Security Number: 5. Birth Date:			
6. Mailing Address:			
Address	City	State/Province	Zip/Postal Code
7. Daytime Telephone number:	_		
b. LAWYER'S NAME AND FIRM			· · · · · · · · · · · · · · · · · · ·
1. Name of Lawyer:			
2. Name of Law Firm With Which Lawyer is Affiliated:			
3. Mailing Address of Firm:			
Address	City	State/Province	Zip/Postal Code
4. Law firm's telephone number or attorney's direct line:			
Check this box if you would like the Debtors to send sending such materials to you.	subsequent material re	elating to your claim to	your lawyer, in lieu of
c. CAUSE OF DEATH (IF APPLICABLE)		•	
<ol> <li>Is the injured person living or deceased?  Living Deceased.</li> <li>If the injured person is deceased, then attach a copy of the deceased.  Primary Cause of Death (as stated in the Death Certificate).</li> </ol>	ath certification to t	his Questionnaire and	complete the following:
2. If the injured person is deceased, then attach a copy of the de	ath certification to t	his Questionnaire and	complete the following:
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With respect to your relations in the drag Ming doctor, eneck	2-81 appiled 07/14/05 Page 9 of 35
Was the diagnosing doctor your personal physician? Yes	]No
Did you pay for the services performed by the diagnosing doc	tor? Tyes No
Were you required to retain counsel in order to receive any of	the services performed by the diagnosing doctor? Yes No
Was the diagnosing doctor referred to you by counsel? Tyes	□No
Did the doctor have a financial or social relationship (direct or	r indirect) with your legal counsel? Tyes No
Was the diagnosing doctor certified as a pulmonologist or internation the diagnosis?   Yes  No	ist by the American Board of Internal Medicine at the time of
Was the diagnosing doctor certified as a pathologist by the Amer	rican Board of Pathology at the time of the diagnosis? _Yes _No
Was the diagnosing doctor provided with your complete occupat	ional, medical and smoking history prior to diagnosis? _Yes _No
Do you currently use tobacco products?  Yes No Have	e you ever used tobacco products?  Yes No
If answer to either question is yes, please indicate whether you dates and frequency with which such products were used:	have regularly used any of the following tobacco products and the
Cigarettes Packs Per Day (half pack = .5) St	art Date Year End Year
Cigars Per Day Start Year	End Year
☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): Amount Per	Day Start Year (year) End Year
Have you ever been diagnosed with chronic obstructive pulmona	ry disease ("COPD")?
If yes, please attach all documents regarding such diagnosis and	t explain the nature of the diagnosis:
	· · · · · · · · · · · · · · · · · · ·
B. Information Regarding Chest X-Ray  Please check the box next to the applicable location where your of the model of the laboratory of the desired of the laboratory of the l	office Hospital Other:
4. Information Regarding Chest X-Ray Reading	
Date of Reading: ILO score:	
Name of B-Reader: B-Reader:	
B-Reader's Mailing Address:  Address	City State/Province Zip/Postal Code
With respect to your relationship to the b-reader, check all appli	•
Did you pay for the services performed by the reader? Yes	
Were you required to retain counsel in order to receive any of	
Was the reader referred to you by counsel? Yes No	
Did the reader have a financial or social relationship (direct or	r indirect) with your legal counsel? Yes No
- `	al Safety and Health at the time of the reading?   Yes   No
5. Information Regarding Pulmonary Function Test:	
Date of Test:	Total Lung Capacity (TLC):% of predicted
List your height in feet and inches when test given:	Forced Vital Capacity (FVC):% of predicted
List your weight in pounds when test given:	FEV1/FVC Ratio:% of predicted
Name of Doctor Performing Test (if applicable):	
Name of Clinician Performing Test (if applicable):	
Testing Doctor or Clinician's Mailing Address:	
Address	City State/Province Zip/Postal Code

3.

Testing Doctor or Clinicians Daytime Telephone			705 Page 10 01	
Name of Doctor Interpreting Test:				<del></del>
Interpreting Doctor's Mailing Address:				
Interpreting Doctor's Daytime Telephone Number	er:		_	
With respect to your relationship to the doctor or	clinician who perf	ormed the puln	nonary function test c	heck all applicable boxes
If the test was performed by a doctor, was the	doctor your person	al physician? 🗌	Yes No	
Did you or your insurance company pay for the	ne services performe	ed by the testing	doctor and/or clinician	? [Yes ]No
Were you required to retain counsel in order t	o receive any of the	services perform	ned by the testing docto	or or clinician? TYes
Was the testing doctor or clinician referred to	you by counsel?	Yes No		
Did the doctor or clinician have a financial or	social relationship (	direct or indirec	t) with your legal coun	sel?
Was the testing doctor certified as a pulmonologisthe pulmonary function test?   Yes No	st or internist by th	e American Bo	ard of Internal Medic	ine at the time of
With respect to your relationship to the doctor in	terpreting the resu	lts of the pulmo	nary function test che	eck all applicable boxes:
Was the doctor your personal physician? Y	es No			
Did you or your insurance company pay for the	ne services performe	ed by the doctor?	Yes No	
Were you required to retain counsel in order t	o receive any of the	services perform	ned by the doctor? $\square$ Y	es □No
Was the doctor referred to you by counsel?	]Yes			
Did the doctor have a financial or social relati	ionship (direct or inc	direct) with your	legal counsel?  Yes	□No
Was the doctor interpreting the pulmonary funct Internal Medicine at the time the test results were			onologist or internist	by the American Board o
5. Information Regarding Pathology Reports:				
Date of Pathology Report:	Findings:			
Name of Doctor Issuing Report:				
Doctor's Mailing Address: Address				****
Address	$\sqrt{s} \hat{k}^{Z}$	City	State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:				
With respect to your relationship to the doctor, cl	heck all applicable	boxes:		
Was the doctor your personal physician? Y	<del></del>	_		
Did you or your insurance company pay the d		• –	_	
Were you required to retain counsel in order t	•	services perforr	ned by the doctor? $\square Y$	es No
Was the doctor referred to you by counsel?	<del>-</del>			
Did the doctor have a financial or social relati		_	<del>_</del>	
Was the doctor certified as a pathologist by the A	merican Board of	Pathology at the	e time of the diagnosis	? Yes No
7. If alleging Other Cancer, please mark the box(es	) next to the applic	able primary c	ancer(s) being alleged	:
colon pharyngeal esophageal	laryngeal  stom	ach cancer	other, please specify _	·
8. If alleging Other Asbestos Diseases, please descr	ibe the diagnosis:			
9. Have you received medical treatment from a doc	ctor for the condition	on alleged? [	Yes No	
If yes, please complete the following:				
Name of Treating Doctor:		Treating Doctor	r's Specialty:	
Treating Doctor's Mailing Address:		· ··-		
,	Address	(	City State/Province	ce Zip/Postal Code
Treating Doctor's Daytime Telephone num	ıber:			

#### PART III: EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS

If you were exposed at more than one site where you claim exposure to asbestos-containing products, then complete a separate Part III for each applicable site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

1. Site	e of Exposure:			
Sit	e Type: Residence Business			
Na	me of Site:	Site Ov	vner:	
	Address	City	State/Province	Zip/Postal Code
2. Em	ployer During Exposure:	<del> </del>		
3. Ple	ase include any unions of which you were a member during	your employment:	· · · · · · · · · · · · · · · · · · ·	<u></u>
	t all Grace asbestos-containing products to which you claim use the additional copies of Part III in Appendix D to this C			
a.	Products Attributed to Grace (Include type of product a	and product name):		
b.	Basis for Identification of each Grace Product:			
c.	Dates and Frequency (hours/day, days/year) of Exposure	e to <u>each</u> Product A	ttributed to Grace: _	
d.	If you were exposed as a result of your employment, plea product (see instructions for occupation and industry co		pation and industry o	during exposure to <u>each</u>
	Occupation Code: If Code 58, specify	Industry Co	ode: If Code 11	8, specify
e.	Is your exposure a result of working in or around areas winixed, removed or cut by others? Yes No	where Grace asbest	os-containing produc	ts were being installed,
	If yes, please indicate your regular proximity to such areas: [	1-5 ft. 6-15 ft.	☐ 16-30 ft. ☐ 31-50	ft. 51-100 ft. 100+
f.	During exposure to each Grace asbestos-containing prod	luct which, if any, or	f the following were y	ou? (check all that apply
	A worker who personally mixed Grace asbestos-containing products	_	the site where Grace as a stalled, mixed, remove	bestos-containing products ed or cut by others
	A worker who personally removed or cut Grace asbestos-containing products	products were	the work space where of the being installed, mixe	
	A worker who personally installed Grace asbestoscontaining products	others  If Other, plea	se specify:	
	e you asserting an injury caused by exposure to Grace asbes d person?  Yes  No	stos-containing proc	ducts through contact	t/proximity with another
If y	ves, complete questions 6 through 14 of this section. If no, pl	lease skip to Part III	(b)	
6. Ple	ase indicate the following information regarding the other i	njured person:		
Na	me of Other Injured Person:		****	
Ge	nder: Male Female Social Security Number	r:	Birth Date:	

	t is your Relationship to Other Injured Person. Of Spouse Tolling Of House Page 12 of 35 ure of Other Injured Person's Exposure to each Grace Asbestos-Containing Products:
. Date	es Other Injured Person was Exposed to each Grace Asbestos-Containing Products: From: To:
	ner Injured Person's Basis for Identification of <u>each</u> Asbestos-Containing Product as Grace Product:
—— 1. Ha	s the Other Injured Person filed a lawsuit related to his/her exposure?   Yes No
	es, please provide caption, case number, file date, and court name for the lawsuit:  otion:
	e Number: File Date:
	urt Name:
	ture of Your Own Exposure to Grace Asbestos-Containing Product:
 3. Da	tes of Your Own Exposure to Grace Asbestos-Containing Product: From: To:
4. Yo	ur Basis for Identification of Asbestos-Containing Product as Grace Product:
	Type: Residence Business  ne of Site: Site Owner:
	Address City State/Province Zip/Postal Code
. Date	es of Exposure to Non-Grace Asbestos-Containing Products: From To
	all Non-Grace asbestos-containing products to which you claim exposure at the particular site. If additional space is nee use the additional copies of Part III in Appendix D to this Questionnaire to complete a separate Part III (b)(3) as needed.
a.	Asbestos Containing Products Not Attributed to Grace (Include type of product and product name):
b.	Basis for Identification of each Non-Grace Asbestos Product:
c.	Dates and Frequency (hours/day, days/year) of Exposure to each Product Not Attributed to Grace:
d.	If you were exposed as a result of your employment, please indicate the occupation and industry during exposure to each product (see instructions for occupation and industry codes):
	Occupation Code: If Code 58, specify Industry Code: If Code 117, specify
e.	Is your exposure a result of working in or around areas where non-Grace asbestos-containing products were being inst mixed, removed or cut by others?   No
	If yes, please indicate your regular proximity to such areas: 1-5 ft. 6-15 ft. 16-30 ft. 31-50 ft. 51-100 ft.

f.	Durin apply)	g exposur& <del>18 <u>%acN</u> 1.5N-U-32= AMESt</del> os-DNGiAM95 )	pr8ductsl&dieA7/14	nQ5f the AGG Ving Of	e Syou? (check all that
		A worker who personally mixed Non-Grace asbestos-containing products	products were	ne site where Non-Grad being installed, mixed	
		A worker who personally removed or cut Non-Grace asbestos-containing products		ne work space where N	
		A worker who personally installed Non-Grace asbestos-containing products	removed or cu	•	
			☐ If Other, pleas	se specify:	<del></del>
		PART IV: EMPLOY	MENT HISTORY		
mploym	ent. F	listed in Part III, please complete a separate Part IV or each job, include your employer, location of empast one month.			
Occupa	tion Co	ode: If Code 58, specify	Industry Code: _	If Code 118, spec	cify
Employ	er:	Beginning o	f Employment	End of Emp	oloyment
Locatio	n:				
		Address	City	State/Province	Zip/Postal Code
Occupa	tion Co	ode: If Code 58, specify	Industry Code: _	If Code 118, spec	cify
Employ	er:	Beginning o	f Employment	End of Emp	oloyment
Locatio	n:				
		Address	City	State/Province	Zip/Postal Code
Occupa	tion Co	ode: If Code 58, specify	Industry Code: _	If Code 118, spec	cify
Employ	er:	Beginning o	f Employment	End of Emp	oloyment
Locatio	n:	Address			
		Address	City	State/Province	Zip/Postal Code
		DADE V. LIEKCATION AND OF ARMODING	OADDING ACDROT	OC AND OD CHAC	
•	-	PART V: LITIGATION AND CLAIMS REC	GARDING ASBEST	OS AND/OR SILICA	
a. LI	TIGAT	<u>FION</u>			
1 Uov		yor been a plaintiff in a lawquit regarding eshectes	on cilion? 🗆 Voc. 🗆	¬ No	
1. пач	e you e	ver been a plaintiff in a lawsuit regarding asbestos o	or sinca: res _	_ N0	
		se complete the rest of this Part $V(a)$ for each lawsuit. $\overline{C}$ to this Questionnaire	For your convenie	nce, additional copies	of Part V are attached as
2. Plea	se prov	ide the caption, case number, file date, and court n	ame for the lawsuit	you filed	
Cap	tion: _				
	e Numb	per: File Da	ate:		
Case	ut Nam	ne:			
	rt Ivaii				
Cou		a defendant in the lawsuit?  Yes No			
Cou 3. Was	Grace	a defendant in the lawsuit? Yes No			

5. Has a judgment or verdict been	Enteregy-Wilkes Dock	3995-8 Filed	07/14/05 Page 14	01 35
If yes, please indicate verdict ar	nount and defendant(s):	************		
6. Was a settlement agreement rea	nched in this lawsuit?	Yes No		
If yes, please (a) indicate the set	ttlement amount and (b) d	escribe the terms	of the settlement and the	applicable defendants
a. Settlement Amount:				
b. Terms of the settlement (incl	luding any payments) and	the applicable de	fendants:	
7. Were you deposed in this lawsui	it?  Yes  No			
If yes, please attach a copy of ye	our deposition to this Que	stionnaire.		
b. <u>CLAIMS</u>				
				-
1. Have you ever asserted a claim (other than a formal lawsuit in c		silica, including b	out not limited to a claim a	gainst an asbestos trus
If yes, please complete the rest of	f this Part V(b). If no, plea	se skip to Part VI.		
2. Date the claim was submitted:				
3. Person or entity against whom t				
4. Description of claim:				
5. Was claim settled? Yes	No			
6. Please indicate settlement amou	int:			
7. Was the claim dismissed or other	erwise disallowed or not h	onored? [ Yes	☐ No	
If yes, provide the basis for dism	issal of the claim:		<u>.</u>	
PART	VI: CLAIMS BY DEPE	NDENTS OR RE	LATED PERSONS	
Name of Dependent or Related Per	rson:	<del></del>	Gender: Male	Female
Social Security Number:	Birth Date: _			
Mailing Address:				
Address		City	State/Province	Zip/Postal Code
Daytime Telephone number:				
Financially Dependent: 🗆 Yes	□ No			
Relationship to Injured Party:	Spouse  Child  Other	If other, plea	ase specify	

#### Case 01-011387AMCSUPAGRAPASEBOCTILGENO7/14/05 Page 15 of 35 1. Please use the checklist below to indicate which documents you are submitting with this form. Medical records and/or report containing a X-rays and reports/interpretations CT scans and any reports/interpretations diagnosis Lung function test results/interpretations Depositions from lawsuits indicated in Part V of this Questionnaire Pathology reports Supporting documentation of exposure to Grace asbestos-containing products Death Certification Supporting documentation of other asbestos exposure 2. Please sign the authorization attached as Appendix F to this Questionnaire permitting the disclosure of medical records and medical expenses (this release includes both doctors and hospitals). The executed release is attached PART VIII: ATTESTATION OF INJURED PERSON THAT INFORMATION IS TRUE AND COMPLETE The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571. TO BE COMPLETED BY THE INJURED PERSON. I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true and accurate. I further swear that I have not omitted any requested information, the inclusion of which, would have a material effect on my right to a Claim against the Debtors' estates. Signature: Date:

#### PART IX: TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON

#### a. SOCIAL AND FINANCIAL RELATIONSHIPS

Please Print Name:

Is there, or has there ever been, any social or financial relationship (direct or indirect) between you and/or your firm (or any other firm representing Claimants) and any of the doctors listed by the claimant in Part II of this Questionnaire? 

Yes No

If yes, please indicate which doctors and the nature of the relationship with each:

#### **b.** ATTESTATION THAT INFORMATION IS TRUE AND COMPLETE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

### TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true and accurate. I further swear that I have not omitted any requested information, the inclusion of which, would have a material effect on the injured person's right to a Claim against the Debtors' estates.

Signature:	Date:	
Please Print Name:		

## Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 16 of 35 APPENDIX A

List of Debtors

W. R. Grace & Co. (f/k/a Grace Specialty Chemicals, Inc.)

W. R. Grace & Co. Conn., A-1 Bit & Tool Co., Inc.

Alewife Boston Ltd.

Alewife Land Corporation

Amicon, Inc.

CB Biomedical, Inc. (f/k/a Circe Biomedical, Inc.)

CCHP, Inc.

Coalgrace, Inc.

Coalgrace II, Inc.

Creative Food 'N Fun Company

Darex Puerto Rico, Inc.

Del Taco Restaurants, Inc.

Dewey and Almy, LLC (f/k/a Dewey and Almy Company)

Ecarg, Inc.

Five Alewife Boston Ltd.

GC Limited Partners I, Inc. (f/k/a Grace Cocoa Limited Partners I, Inc.)

GC Management, Inc. (f/k/a Grace Cocoa Management, Inc.)

GEC Management Corporation

GN Holdings, Inc.

GPC Thomasville Corp.

Gloucester New Communities Company, Inc.

Grace A-B Inc.

Grace A-B II Inc.

Grace Chemical Company of Cuba

Grace Culinary Systems, Inc.

Grace Drilling Company

Grace Energy Corporation

Grace Environmental, Inc.

Grace Europe, Inc.

Grace H-G Inc.

Grace H-G II Inc.

Grace Hotel Services Corporation

Grace International Holdings, Inc. (f/k/a Dearborn International Holdings, Inc.)

Grace Offshore Company

Grace PAR Corporation

Grace Petroleum Libya Incorporated

Grace Tarpon Investors, Inc.

Grace Ventures Corp.

Grace Washington, Inc.

W. R. Grace Capital Corporation.

W. R. Grace Land Corporation

Gracoal, Inc.

Gracoal II, Inc.

Guanica-Caribe Land Development Corporation

Hanover Square Corporation

Homco International, Inc.

Kootenai Development Company

L B Realty, Inc.

Litigation Management, Inc. (f/k/a GHSC Holding, Inc., Grace JVH, Inc., Asbestos Management, Inc.)

Monolith Enterprises, Incorporated

Monroe Street, Inc.

MRA Holdings Corp. (f/k/a Nestor-BNA Holdings Corporation)

MRA Intermedco, Inc. (f/k/a Nestor-BNA, Inc.)

MRA Staffing Systems, Inc. (f/k/a British Nursing Association, Inc.)

Remedium Group, Inc. (f/k/a Environmental Liability Management, Inc., E&C Liquidating Corp., Emerson & Cuming, Inc.)

131

Southern Oil, Resin & Fiberglass, Inc.

Water Street Corporation

Axial Basin Ranch Company

CC Partners (f/k/a Cross Country Staffing)

Hayden-Gulch West Coal Company, H-G Coal Company.

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 17 of 35

APPENDIX B

Estimation Procedures Order

1

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 18 of 35

APPENDIX C

Additional Copies of Part II of the Questionnaire

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 19 of 35

#### PART II: ASBESTOS-RELATED CONDITION(S)

#### a. **DIAGNOSED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. Also, attach medical records that comply with the requirements set forth in the Instructions to Part II. If you have been diagnosed with multiple conditions and/or if you received diagnoses, tests, consultations, treatments, or medical assessments relating to the same condition by multiple doctors, please complete a separate Part II for each such diagnosis, test, consultation, treatment, or medical assessment.

. Ple	ase check the box	x next to the condition	being alleged:			
	☐ Asb	estos-Related Lung Car estosis er Asbestos Disease	Other Ca	elioma ancer (cancer not rela y Severe Asbestosis		
. Inf	ormation Regard	ling Diagnosis				
Da	te of Diagnosis:		_			
Dia	agnosing Doctor'	s Name:		_ Diagnosing Doc	tor's Specialty:	
Dia	agnosing Doctor'	s Mailing Address: _				
			Address	City	State/Province	Zip/Postal Code
Dia	agnosing Doctor'	s Daytime Telephone	Number:		_	
Wi	th respect to you	r relationship to the d	liagnosing doctor, chec	k all applicable box	æs:	
	Was the diagr	osing doctor your perso	onal physician? Yes [	No		
	Did you pay f	or the services perform	ed by the diagnosing do	ctor? Yes No		
	Were you requ	uired to retain counsel i	in order to receive any o	f the services perform	ned by the diagnosing	doctor? Yes N
			o you by counsel? Yes	_	, ,	
	Did the doctor	have a financial or soc	cial relationship (direct o	or indirect) with your	legal counsel? Yes	□No
W	as the diagnosing	doctor certified as a p	pulmonologist or interi	nist by the America	n Board of Internal M	— <b>Iedici</b> ne at the time
of the	e diagnosis?	Yes No		•		
	as the diagnosing No	doctor certified as a p	pathologist by the Ame	rican Board of Patl	hology at the time of	the diagnosis? <b>Y</b>
	as the diagnosing Yes ∐No	doctor provided with	your complete occupa	tional, medical and	smoking history prior	or to diagnosis?
Do	you currently us	e tobacco products?	☐ Yes ☐ No Hav	ve you ever used tob	oacco products? 🔲 Y	Yes 🗌 No
			se indicate whether you h such products were u		ed any of the following	g tobacco products
	Cigarettes	Packs Per Day (ha	alf pack = .5) S	Start Date Year	End Year	
	Cigars	Cigars Per Day _	Start Year	End Year		
		cco Products, please chewing tobacco):	Amount Per	Day Start	t Year (year)	End Year
	ve you ever been	diagnosed with chron	nic obstructive pulmon	ary disease ("COPI	)")?	
Ha				•		

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

	Case 01-01139-AMC Doc 89  Mobile laboratory Job site Union Hall Doc			•	
	Address where chest x-ray taken:				
4.	Information Regarding Chest X-Ray Reading				
	Date of Reading: ILO score:	_			
	Name of B-Reader:		aytime Tele	phone Number:	
	B-Reader's Mailing Address:		•	•	
	Address		City	State/Province	Zip/Postal Code
	With respect to your relationship to the b-reader, check al	ll applicable bo	oxes:		
	Did you pay for the services performed by the reader?	∐Yes ∐No			
	Were you required to retain counsel in order to receive	any of the serv	ices perform	ed by the reader? TY	es 🔲 No
	Was the reader referred to you by counsel? Yes	No			
	Did the reader have a financial or social relationship (d	lirect or indirect	t) with your l	legal counsel? [Yes [	□No
	Was the reader certified by the National Institute of Occu No	pational Safety	y and Health	at the time of the rea	ading?
5	. Information Regarding Pulmonary Function Test:				
	Date of Test:		Total Lun	g Capacity (TLC):	% of predicted
	List your height in feet and inches when test given: predicted		Forced Vi	tal Capacity (FVC):	% of
	List your weight in pounds when test given:	_	FEV1/FV	C Ratio:% of pr	edicted
	Name of Doctor Performing Test (if applicable):		Doctor's	Specialty:	
	Name of Clinician Performing Test (if applicable):				
	Testing Doctor or Clinician's Mailing Address:				
	Address		City	State/Province	Zip/Postal Code
	Testing Doctor or Clinician's Daytime Telephone Number	r:			
	Name of Doctor Interpreting Test:	Doct	or's Special	ty:	
	Interpreting Doctor's Mailing Address:				
	Interpreting Doctor's Daytime Telephone Number:			<u> </u>	
	With respect to your relationship to the doctor or clinician boxes:	n who perform	ed the pulm	onary function test cl	neck all applicable
	If the test was performed by a doctor, was the doctor y	our personal ph	ysician? 🔲	∕es ∐No	
	Did you or your insurance company pay for the service	es performed by	the testing	doctor and/or clinician	? □Yes □No
	Were you required to retain counsel in order to receive ☐Yes ☐No	any of the serv	vices perform	ned by the testing docto	or or clinician?
	Was the testing doctor or clinician referred to you by c	ounsel? [Yes	□No		
	Did the doctor or clinician have a financial or social re	lationship (dire	ct or indirect	t) with your legal couns	sel?  Yes  No
	Was the testing doctor certified as a pulmonologist or inte	ernist by the A	merican Boa	ard of Internal Medic	ine at the time of
	With respect to your relationship to the doctor interpreting boxes:	ng the results o	f the pulmo	nary function test che	ck all applicable
	Was the doctor your personal physician? Tyes No		•		
	Did you or your insurance company pay for the service		the doctor?	☐Yes ☐No	
	Were you required to retain counsel in order to receive	•		<del></del>	es No
	Was the doctor referred to you by counsel? Yes	-		,	_
	Did the doctor have a financial or social relationship (		t) with your	legal counsel? Yes	□No

Information Regarding Pathology Reports:			
3 3 2			
Name of Doctor Issuing Report:			
Doctor's Mailing Address:  Address			
Address	City	State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:			
With respect to your relationship to the doctor, check all app	plicable boxes:		
Was the doctor your personal physician? Yes No			
Did you or your insurance company pay the doctor for the	e services performed? [	]Yes	
Were you required to retain counsel in order to receive an	ny of the services perfor	med by the doctor?	čes ∐No
Was the doctor referred to you by counsel? Yes No			
Did the doctor have a financial or social relationship with	your legal counsel?	Yes No	
		e time of the diagnosis	s?   Vas   No.
Was the doctor certified as a pathologist by the American Bo	oard of Pathology at tr		3.     163     110
Was the doctor certified as a pathologist by the American Bo If alleging Other Cancer, please mark the box(es) next to the		· ·	
If alleging Other Cancer, please mark the box(es) next to the	ne applicable primary	cancer(s) being alleged	l:
If alleging Other Cancer, please mark the box(es) next to th  colon pharyngeal esophageal laryngeal	ne applicable primary	cancer(s) being alleged other, please specify _	l:
If alleging Other Cancer, please mark the box(es) next to the	ne applicable primary	cancer(s) being alleged other, please specify _	l:
If alleging Other Cancer, please mark the box(es) next to th  colon pharyngeal esophageal laryngeal  If alleging Other Asbestos Diseases, please describe the diag	e applicable primary of stomach cancer gnosis:	cancer(s) being alleged other, please specify	l:
If alleging Other Cancer, please mark the box(es) next to the colon pharyngeal esophageal laryngeal If alleging Other Asbestos Diseases, please describe the diagonal Have you received medical treatment from a doctor for the	e applicable primary of stomach cancer gnosis:	cancer(s) being alleged other, please specify	l:
If alleging Other Cancer, please mark the box(es) next to the colon pharyngeal esophageal laryngeal If alleging Other Asbestos Diseases, please describe the diagonal Have you received medical treatment from a doctor for the If yes, please complete the following:	stomach cancer gnosis:condition alleged?	other, please specify  Yes No	l:
If alleging Other Cancer, please mark the box(es) next to the colon pharyngeal esophageal laryngeal If alleging Other Asbestos Diseases, please describe the diagonal Have you received medical treatment from a doctor for the If yes, please complete the following:  Name of Treating Doctor:	stomach cancer gnosis:  condition alleged?	ancer(s) being alleged other, please specify  Yes	l:
If alleging Other Cancer, please mark the box(es) next to the colon pharyngeal esophageal laryngeal If alleging Other Asbestos Diseases, please describe the diagonal Have you received medical treatment from a doctor for the If yes, please complete the following:	stomach cancer gnosis:  condition alleged?  Treating Doctor	other, please specify	l:

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 21 of 35

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 22 of 35

#### PART II: ASBESTOS-RELATED CONDITION(S)

#### a. **DIAGNOSED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. Also, attach medical records that comply with the requirements set forth in the Instructions to Part II. If you have been diagnosed with multiple conditions and/or if you received diagnoses, tests, consultations, treatments, or medical assessments r tı

. I least effect the box fiest to the cond	ition being alleged:			
Asbestos-Related Lung Asbestosis Other Asbestos Diseas	Other Ca		ated to lung cancer)	
. Information Regarding Diagnosis				
Date of Diagnosis:				
Diagnosing Doctor's Name:		_ Diagnosing Do	ctor's Specialty:	
Diagnosing Doctor's Mailing Address	s:			
		•	State/Province	Zip/Postal Code
Diagnosing Doctor's Daytime Teleph	one Number:		_	
With respect to your relationship to t	the diagnosing doctor, check	k all applicable box	kes:	
Was the diagnosing doctor your	personal physician? Yes	□No		
Did you pay for the services per	formed by the diagnosing doc	ctor? Yes No		
Were you required to retain cour	nsel in order to receive any of	the services perfor	med by the diagnosing	doctor? Yes No
Was the diagnosing doctor refer	10 - 10			<del>-</del> -
was the diagnosting doctor refer	red to you by counsel? \textsty Yes	: [No		
Did the doctor have a financial of		_	r legal counsel? Yes	∏No
	or social relationship (direct o	r indirect) with you		
Did the doctor have a financial of Was the diagnosing doctor certified a of	or social relationship (direct o	r indirect) with you		
Did the doctor have a financial of the diagnosis?   Yes No	or social relationship (direct o	r indirect) with you ist by the America	n Board of Internal N	— Aedicine at the time
Did the doctor have a financial of Was the diagnosing doctor certified a of	or social relationship (direct o	r indirect) with you ist by the America	n Board of Internal N	— Aedicine at the time
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis? Yes No Was the diagnosing doctor certified a	or social relationship (direct or as a pulmonologist or internals as a pathologist by the Amer	r indirect) with you ist by the America	n Board of Internal N	— Aedicine at the time the diagnosis? ∐Y€
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis?   Yes No Was the diagnosing doctor certified a No Was the diagnosing doctor provided	or social relationship (direct or as a pulmonologist or internals as a pathologist by the Amerwith your complete occupat	r indirect) with you ist by the America rican Board of Pattional, medical and	n Board of Internal M hology at the time of I smoking history pric	— Medicine at the time the diagnosis? —Ye or to diagnosis?
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis?   Yes No  Was the diagnosing doctor certified a No  Was the diagnosing doctor provided Yes No	or social relationship (direct or as a pulmonologist or internates a pathologist by the American with your complete occupates?   Yes No Have please indicate whether you	r indirect) with you ist by the America rican Board of Pattional, medical and e you ever used told thave regularly us	n Board of Internal M hology at the time of smoking history price	Tedicine at the time the diagnosis? ☐Y€ or to diagnosis?
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis? Yes No Was the diagnosing doctor certified a No Was the diagnosing doctor provided Yes No Do you currently use tobacco product If answer to either question is yes, and the dates and frequency with yes	or social relationship (direct or as a pulmonologist or internates a pathologist by the American with your complete occupates?   Yes No Have please indicate whether you	r indirect) with you ist by the America rican Board of Pattional, medical and e you ever used tole thave regularly us sed:	n Board of Internal M hology at the time of smoking history price pacco products?	Tedicine at the time the diagnosis? ☐Ye or to diagnosis?  Yes ☐ No  g tobacco products
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis?  Yes No Was the diagnosing doctor certified a No Was the diagnosing doctor provided Yes No Do you currently use tobacco product If answer to either question is yes, and the dates and frequency with your contents. Cigarettes Packs Per Da	or social relationship (direct or as a pulmonologist or internates a pathologist by the American with your complete occupated as?   Yes No Have please indicate whether you which such products were used.	r indirect) with you ist by the America rican Board of Pattional, medical and e you ever used tole thave regularly us sed:	n Board of Internal M hology at the time of smoking history price pacco products?   ed any of the following  End Year	Tedicine at the time the diagnosis? ☐Ye or to diagnosis?  Yes ☐ No  g tobacco products
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis?  Yes No Was the diagnosing doctor certified a No Was the diagnosing doctor provided Yes No Do you currently use tobacco product If answer to either question is yes, and the dates and frequency with your contents. Cigarettes Packs Per Da	or social relationship (direct of as a pulmonologist or intermals as a pathologist by the American with your complete occupated as:  The social relationship (direct of a pulmonologist or intermals as a pathologist by the American Products occupated as a pathologist by the Ameri	r indirect) with you ist by the America rican Board of Pattional, medical and e you ever used told have regularly us sed:  End Year End Year	n Board of Internal M hology at the time of smoking history price pacco products?   ed any of the following  End Year	Tedicine at the time the diagnosis? ☐Ye or to diagnosis?  Yes ☐ No  g tobacco products
Did the doctor have a financial of Was the diagnosing doctor certified a of the diagnosis?  Yes No Was the diagnosing doctor certified a No Was the diagnosing doctor provided Yes No Do you currently use tobacco product If answer to either question is yes, and the dates and frequency with w Cigarettes Packs Per Da Cigars Cigars Per Da If Other Tobacco Products, ple	or social relationship (direct or as a pulmonologist or internate as a pathologist by the American with your complete occupate as:  Yes No Have please indicate whether you which such products were used y (half pack = .5) Start Year sase Amount Per	r indirect) with you ist by the America rican Board of Pattional, medical and e you ever used told have regularly us sed:  tart Date Year End Year End Year Star	n Board of Internal M hology at the time of smoking history price pacco products?   ed any of the following  End Year  t Year (year)	Tedicine at the time the diagnosis? ☐Ye or to diagnosis?  Yes ☐ No  g tobacco products

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

	Case 01-01139-AMC  Mobile laboratory Job site Union Ha			•	
Ad	dress where chest x-ray taken:	<del></del>			
4. Info	ormation Regarding Chest X-Ray Reading				
Dat	te of Reading: ILO sco	re:			
	me of B-Reader:		der's Daytime Tele	phone Number:	
B-F	Reader's Mailing Address:				
	Address		City	State/Province	Zip/Postal Code
Wi	th respect to your relationship to the b-reade				
	Did you pay for the services performed by the			_	
	Were you required to retain counsel in order		he services perform	ed by the reader? Y	es No
	Was the reader referred to you by counsel?	_		_	
	Did the reader have a financial or social rela	- 1	, ·	_	
Wa No	ns the reader certified by the National Institut	te of Occupationa	l Safety and Health	at the time of the re	ading?  Yes
	formation Regarding Pulmonary Function T		,		
Da	te of Test:		Total Lun	g Capacity (TLC): _	% of predicted
Lis	t your height in feet and inches when test given predicted	en:	Forced Vi	tal Capacity (FVC):	% of
Lis	t your weight in pounds when test given:	<del></del>	FEV1/FV	C Ratio:% of p	redicted
Na	me of Doctor Performing Test (if applicable):	!	Doctor's	Specialty:	
Na	me of Clinician Performing Test (if applicabl	e):			
Tes	sting Doctor or Clinician's Mailing Address:				
		Address	City	State/Province	Zip/Postal Code
	sting Doctor or Clinician's Daytime Telephon				
	me of Doctor Interpreting Test:		•		
	erpreting Doctor's Mailing Address:			<del> </del>	
	erpreting Doctor's Daytime Telephone Numb			_	
	th respect to your relationship to the doctor oxes:	or clinician who p	erformed the pulm	onary function test c	heck all applicable
	If the test was performed by a doctor, was the	ne doctor your pers	onal physician?	'es □No	
	Did you or your insurance company pay for	the services perfor	med by the testing o	loctor and/or clinician	ı? ∐Yes ∐No
	Were you required to retain counsel in order Yes No	to receive any of	the services perform	ed by the testing doct	or or clinician?
	Was the testing doctor or clinician referred to	to you by counsel?	☐Yes ☐No		
	Did the doctor or clinician have a financial of	or social relationsh	ip (direct or indirect	) with your legal cour	isel? [Yes [No
	as the testing doctor certified as a pulmonologe pulmonary function test?   Yes   No	gist or internist by	the American Boa	ard of Internal Medic	cine at the time of
	th respect to your relationship to the doctor ixes:	interpreting the ro	esults of the pulmor	nary function test ch	eck all applicable
	Was the doctor your personal physician?	Yes  No			
	Did you or your insurance company pay for	the services perfor	rmed by the doctor?	□Yes □No	
	Were you required to retain counsel in order	r to receive any of	the services perform	ned by the doctor?	∕es ∏No
	Was the doctor referred to you by counsel?	∐Yes ∐No			
	Did the doctor have a financial or social rela	ationship (direct or	indirect) with your	legal counsel? Tyes	□No
	·				

Was the doctor interpreting the pulmonary function test results certi Board of Internal Medicine at the time the test results were reviewed			t by the American
6. Information Regarding Pathology Reports:			
Date of Pathology Report: Findings:			
Name of Doctor Issuing Report:	Doctor	's Specialty:	
Doctor's Mailing Address:  Address			
Address	City	State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:			
With respect to your relationship to the doctor, check all applicable	boxes:		
Was the doctor your personal physician? ☐Yes ☐No			
Did you or your insurance company pay the doctor for the service	s performed?	]Yes []No	
Were you required to retain counsel in order to receive any of the	services perform	ned by the doctor?	]Yes
Was the doctor referred to you by counsel? Yes No			
Did the doctor have a financial or social relationship with your leg	gal counsel?	Yes No	
Was the doctor certified as a pathologist by the American Board of I	Pathology at th	e time of the diagno	sis? 🗌 Yes 🗌 No
7. If alleging Other Cancer, please mark the box(es) next to the applic	able primary c	ancer(s) being alleg	ed:
olon pharyngeal esophageal laryngeal stoma	ach cancer	other, please specify	
8. If alleging Other Asbestos Diseases, please describe the diagnosis:			
	<u> </u>		
9. Have you received medical treatment from a doctor for the condition	on alleged? [	Yes No	
If yes, please complete the following:			
Name of Treating Doctor: 7	Treating Docto	r's Specialty:	
Treating Doctor's Mailing Address:			
Address		City State/Prov	ince Zip/Postal Code
Treating Doctor's Daytime Telephone number:	e e <del>l'illi</del> gene		

Were you required to retain counsel in order to receive any of the services performed by the doctor? \( \subseteq Yes \) \( \subseteq No

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 24 of 35

Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 25 of 35

APPENDIX D

Additional Copies of Part III of the Questionnaire

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## Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 26 of 35

### PART III: EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS

If you were exposed at more than one site where you claim exposure to asbestos-containing products, then complete a separate Part III for each applicable site.

	of Exposure:			
Site	e Type: Residence Business			
Nai	me of Site:	Site Ov	wner:	
	Address			
	Address	City	State/Province	Zip/Postal Code
2. Em	ployer During Exposure:	<del></del>		
3. Plea	ase include any unions of which you were a member during	your employment:		· · · · · · · · · · · · · · · · · · ·
	all Grace asbestos-containing products to which you claim use the additional copies of Part III in Appendix D to this C  Products Attributed to Grace (Include type of product a	Questionnaire to co	mplete a separate Par	t III (a)(4) as needed.
b.	Basis for Identification of <u>each</u> Grace Product:			
c.	Dates and Frequency (hours/day, days/year) of Exposure	to <u>each</u> Product A	ttributed to Grace: _	
d.	If you were exposed as a result of your employment, plea product (see instructions for occupation and industry coo		upation and industry (	during exposure to each
	Occupation Code: If Code 58, specify	Industry Co	ode: If Code 11	8, specify
e.	Is your exposure a result of working in or around areas winixed, removed or cut by others? Yes No	vhere Grace asbest	os-containing produc	ts were being installed
с.	minod, removed or early owners.			is were boing mounted,
	If yes, please indicate your regular proximity to such areas:	1-5 ft 6-15 ft.	☐ 16-30 ft. ☐ 31-50	-
f.	· — —			ft. 51-100 ft. 100+
	If yes, please indicate your regular proximity to such areas:	uct which, if any, o	f the following were y	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products
	If yes, please indicate your regular proximity to such areas: [  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace	A worker at twere being in A worker in products were	f the following were y the site where Grace as astalled, mixed, remove	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing
	If yes, please indicate your regular proximity to such areas:  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace	A worker at the were being in A worker in a products were others	the following were y the site where Grace as installed, mixed, remove the work space where the being installed, mixe	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing d, removed or cut by
f. 5. Are	If yes, please indicate your regular proximity to such areas:  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-	A worker at the were being in A worker in a products were others  If Other, please	the following were y the site where Grace as installed, mixed, remove the work space where Ge being installed, mixe ase specify:	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing d, removed or cut by
f. 5. Are	If yes, please indicate your regular proximity to such areas:  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbestos-	A worker at the were being in A worker in the products were others  If Other, pleasetos-containing products	the following were yethe site where Grace as a stalled, mixed, remove the work space where Grace being installed, mixed as especify:  ducts through contact	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing d, removed or cut by
f. 5. Are	If yes, please indicate your regular proximity to such areas:  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbest d person?  Yes  No	A worker at the were being in A worker in the products were others  If Other, please skip to Part III	the following were yethe site where Grace as a stalled, mixed, remove the work space where Grace being installed, mixed as especify:  ducts through contact	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing d, removed or cut by
f.  5. Are injured  If y  6. Ples	If yes, please indicate your regular proximity to such areas:  During exposure to each Grace asbestos-containing prod  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbest d person?  Yes  No	A worker at the were being in A worker in a products were others  If Other, please skip to Part III injured person:	the following were y the site where Grace as installed, mixed, remove the work space where Grace where Grace installed, mixe ase specify:  ducts through contact  ((b)	ft. 51-100 ft. 100+  ou? (check all that apply bestos-containing products ed or cut by others  Grace asbestos-containing d, removed or cut by

Dates	Other Injured Person was Exposed to each C	Frace Asbestos-Containing Products	s: From:	To:
Othe	er Injured Person's Basis for Identification of	each Asbestos-Containing Product	as Grace Product	<u> </u>
Has t	the Other Injured Person filed a lawsuit relate	ed to his/her exposure?  Yes	] No	·
	, please provide caption, case number, file date,	-		
	Number:			
	t Name:			
. Natu	are of Your Own Exposure to Grace Asbestos-	Containing Product:		
. Date	s of Your Own Exposure to Grace Asbestos-C	ontaining Product: From:	То:	
. You	r Basis for Identification of Asbestos-Containi	ng Product as Grace Product:		
	POSURE TO OTHER ASBESTOS-CONTAIN  f Exposure:  [vpe: Residence Business]	NING PRODUCTS		
Site T			:	
Site T Name	f Exposure:  Type:  Residence  Business e of Site:	Site Owner		
Site T Name Locat	f Exposure:  Type:  Residence  Business  e of Site:  Address	Site Owner City	State/Province	Zip/Postal Code
Site T Name Locat Dates	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi	Site Owner  City  ng Products: From	State/Province To	Zip/Postal Code
Site T Name Locat Dates List a	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi  Il Non-Grace asbestos-containing products to	Site Owner  City  ng Products: From  which you claim exposure at the pa	State/Province ToTo articular site. If a	Zip/Postal Code  dditional space is nee
Site T Name Locat Dates List a	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi	City  ng Products: From which you claim exposure at the pa	State/Province To To articular site. If action is a separate Part	Zip/Postal Code  dditional space is nee t III (b)(3) as needed.
Site T Name Locat Dates List a ease us a.	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi Il Non-Grace asbestos-containing products to se the additional copies of Part III in Appendix	City  ng Products: From which you claim exposure at the pa to to this Questionnaire to comple to Grace (Include type of product	State/Province To rticular site. If acte a separate Part	Zip/Postal Code  dditional space is needed. till (b)(3) as needed.
Site T Name Locat Dates List a ease us a. b.	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi Il Non-Grace asbestos-containing products to se the additional copies of Part III in Appendix Asbestos Containing Products Not Attributed	City  ng Products: From which you claim exposure at the pa x D to this Questionnaire to comple to Grace (Include type of product bestos Product:	State/Province To To articular site. If acte a separate Part	Zip/Postal Code  dditional space is nee i III (b)(3) as needed.
Site T Name Locat Dates List a ease us a. b.	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi Il Non-Grace asbestos-containing products to se the additional copies of Part III in Appendix Asbestos Containing Products Not Attributed  Basis for Identification of each Non-Grace As	City  ng Products: From which you claim exposure at the pa x D to this Questionnaire to comple to Grace (Include type of product bestos Product: of Exposure to each Product Not At	State/Province To rticular site. If acte a separate Part and product name	Zip/Postal Code  dditional space is needed.  it III (b)(3) as needed.  ne):
Site T Name Locat Dates List a ease us a. b.	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi Il Non-Grace asbestos-containing products to se the additional copies of Part III in Appendix Asbestos Containing Products Not Attributed  Basis for Identification of each Non-Grace As  Dates and Frequency (hours/day, days/year) of  If you were exposed as a result of your employed.	City  ng Products: From  which you claim exposure at the pa x D to this Questionnaire to comple to Grace (Include type of product bestos Product:  of Exposure to each Product Not At yment, please indicate the occupation	State/Province To To articular site. If acte a separate Part and product name	Zip/Postal Code  dditional space is needed.  i III (b)(3) as needed.  ne):  uring exposure to ea
Site T Name Locat Dates List a lease us a. b.	f Exposure:  Type: Residence Business  of Site:  Address  of Exposure to Non-Grace Asbestos-Containi Il Non-Grace asbestos-containing products to be the additional copies of Part III in Appendix Asbestos Containing Products Not Attributed  Basis for Identification of each Non-Grace As  Dates and Frequency (hours/day, days/year) of  If you were exposed as a result of your employ product (see instructions for occupation and in	City  ng Products: From which you claim exposure at the pa x D to this Questionnaire to comple to Grace (Include type of product bestos Product:  pf Exposure to each Product Not At yment, please indicate the occupation dustry codes):  Industry Code: und areas where non-Grace asbesto	State/Province To To articular site. If acte a separate Part and product name articular site. If acte a separate Part and product name and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part and product name articular site. If acte as separate Part articular	Zip/Postal Code  dditional space is near III (b)(3) as needed.  ee:  uring exposure to ea

A worker who personally mixed Non-Grace asbestos-containing products	A worker at the site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
<ul> <li>A worker who personally removed or cut Non-Grace asbestos-containing products</li> <li>A worker who personally installed Non-Grace asbestos-containing products</li> </ul>	A worker in the work space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
asocsios-containing products	If Other, please specify:

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Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 29 of 35

### PART III: EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS

If you were exposed at more than one site where you claim exposure to asbestos-containing products, then complete a separate Part III for each applicable site.

Cit-	of Exposure:  Type: Residence Business			
		Site Or	wa owe	
	me of Site:		wiiei	
Loc	Address	City	State/Province	Zip/Postal Code
. Emj	ployer During Exposure:			
. Plea	ase include any unions of which you were a member during	your employment:		
	all Grace asbestos-containing products to which you claim use the additional copies of Part III in Appendix D to this Q	Questionnaire to con	mplete a separate Par	t III (a)(4) as needed.
a.	Products Attributed to Grace (Include type of product a	nd product name):		···· ' <del>··· ·· · · · · ·</del>
b.	Basis for Identification of <u>each</u> Grace Product:			
c.	Dates and Frequency (hours/day, days/year) of Exposure	to <u>each</u> Product A	ttributed to Grace: _	
d.	If you were exposed as a result of your employment, pleas product (see instructions for occupation and industry cod		ipation and industry o	luring exposure to <u>each</u>
	Occupation Code: If Code 58, specify	Industry Co	ode: If Code 11	8, specify
e.	Is your exposure a result of working in or around areas winixed, removed or cut by others? Yes No	vhere Grace asbest	os-containing product	s were being installed,
	If yes, please indicate your regular proximity to such areas:	1-5 ft. 6-15 ft.	☐ 16-30 ft. ☐ 31-50	ft. 51-100 ft. 100-
f.	If yes, please indicate your regular proximity to such areas: [ During exposure to each Grace asbestos-containing productions of the containing production of the			
f.		uct which, if any, o	f the following were y	ou? (check all that apple bestos-containing product
f.	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products	A worker at t were being ir  A worker in t products were	f the following were y the site where Grace as astalled, mixed, remove	ou? (check all that apply bestos-containing producted or cut by others Grace asbestos-containing
f.	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace	A worker at twere being in  A worker in the products were others	the following were y the site where Grace as installed, mixed, remove the work space where C the being installed, mixed	ou? (check all that apple bestos-containing producted or cut by others  Grace asbestos-containing d, removed or cut by
. Are	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-	A worker at twere being in  A worker in the products were others  If Other, plea	the following were yether site where Grace as installed, mixed, remove the work space where Ge being installed, mixed as especify:	ou? (check all that apple bestos-containing producted or cut by others) Grace asbestos-containing d, removed or cut by
. Are	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbestos-	A worker at t were being in A worker in to products were others  If Other, pleastos-containing products	the following were yether site where Grace as installed, mixed, remove the work space where Ge being installed, mixed as specify:  ducts through contact	ou? (check all that apple bestos-containing producted or cut by others Grace asbestos-containing d, removed or cut by
. Are njurec <i>If y</i>	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbest diperson?  Yes  No	A worker at t were being in  A worker in to products were others  If Other, pleases skip to Part III	the following were yether site where Grace as installed, mixed, remove the work space where Ge being installed, mixed as specify:  ducts through contact	ou? (check all that apple bestos-containing producted or cut by others) Grace asbestos-containing d, removed or cut by
. Are njured <i>If y</i> . Plea	During exposure to each Grace asbestos-containing products  A worker who personally mixed Grace asbestos-containing products  A worker who personally removed or cut Grace asbestos-containing products  A worker who personally installed Grace asbestos-containing products  you asserting an injury caused by exposure to Grace asbest person?  Yes  No	A worker at to were being in A worker in to products were others  If Other, pleastos-containing products were asses skip to Part III	the following were you the site where Grace as installed, mixed, remove the work space where Ge being installed, mixed as especify:  ducts through contact (b)	ou? (check all that apply bestos-containing product ed or cut by others Grace asbestos-containing d, removed or cut by

8. Nat	ure of Other Injured Person's Exposure to each Grace Aspestos-Containing Products: Page 30	O of 35
9. Dat	es Other Injured Person was Exposed to each Grace Asbestos-Containing Products: From:	To:
10. Ot	ther Injured Person's Basis for Identification of <u>each</u> Asbestos-Containing Product as Grace Pro	duct:
 11. Ha	as the Other Injured Person filed a lawsuit related to his/her exposure?   Yes No	
	pes, please provide caption, case number, file date, and court name for the lawsuit:	
Cas	se Number: File Date:	
Co	urt Name:	
12. Na	ature of Your Own Exposure to Grace Asbestos-Containing Product:	
13. Da	ates of Your Own Exposure to Grace Asbestos-Containing Product: From:	To:
14. Yo	our Basis for Identification of Asbestos-Containing Product as Grace Product:	
Site	e of Exposure: e Type:  Residence Business me of Site:  Site Owner:	
	Address City State/Province	e Zip/Postal Code
2. Dat	tes of Exposure to Non-Grace Asbestos-Containing Products: From To	
	t all Non-Grace asbestos-containing products to which you claim exposure at the particular site. use the additional copies of Part III in Appendix D to this Questionnaire to complete a separate	
a.	Asbestos Containing Products Not Attributed to Grace (Include type of product and product	
b.	Basis for Identification of each Non-Grace Asbestos Product:	
c.	Dates and Frequency (hours/day, days/year) of Exposure to each Product Not Attributed to G	Grace:
d.	If you were exposed as a result of your employment, please indicate the occupation and industry product (see instructions for occupation and industry codes):	try during exposure to <u>each</u>
	Occupation Code: If Code 58, specify Industry Code: If Code	e 117, specify
е.	Is your exposure a result of working in or around areas where non-Grace asbestos-containing mixed, removed or cut by others? Yes No	products were being installed
	If yes, please indicate your regular proximity to such areas:   1-5 ft. 6-15 ft. 16-30 ft. 3	1-50 ft. 51-100 ft. 100+ ft

:	During exposure to <u>each</u> non-Grace aspestos-containing produ apply)	cts which, if any, of the following were you? (check all that
	☐ A worker who personally mixed Non-Grace asbestos-containing products	A worker at the site where Non-Grace asbestos-containing prewere being installed, mixed, removed or cut by others
	<ul> <li>A worker who personally removed or cut Non-Grace asbestos-containing products</li> </ul>	A worker in the work space where Non-Grace asbestos-conta products were being installed, mixed, removed or cut by othe
	A worker who personally installed Non-Grace asbestos- containing products	☐ If Other, please specify:

13677.1

: N/////

# Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 33 of 35

## PART V: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA

1. H	
	ave you ever been a plaintiff in a lawsuit regarding asbestos or silica?   Yes No
If	yes, please complete the rest of this Part V(a) for each lawsuit.
2. Pl	ease provide the caption, case number, file date, and court name for the lawsuit you filed
C	aption:
	ase Number: File Date:
C	ourt Name:
3. W	as Grace a defendant in the lawsuit?  Yes  No
4. W	as the lawsuit dismissed?  Yes No
If	yes, please provide the basis for dismissal of the lawsuit?
5. H	as a judgment or verdict been entered?  Yes  No
If	yes, please indicate verdict amount and defendant(s):
_	
6. W	as a settlement agreement reached in this lawsuit?  Yes No
If	yes, please (a) indicate the settlement amount and (b) describe the terms of the settlement and the applicable defendants:
a.	Settlement Amount:
b	. Terms of the settlement (including any payments) and the applicable defendants:
7. W	/ere you deposed in this lawsuit?  Yes No
	yes, please attach a copy of your deposition to this Questionnaire.
	CLAIMS
	CEAIMD
	ave you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust ther than a formal lawsuit in court)?  Yes  No
If	yes, please complete the rest of Part V(b) for each claim. If no, please skip to Part VI.
2. D	ate the claim was submitted:
3. Pe	erson or entity against whom the claim was submitted:
4. D	escription of claim:
5. W	'as claim settled?  Yes No
	ease indicate settlement amount:
6. Pl	
	as the claim dismissed or otherwise disallowed or not honored?   Yes   No

## Case 01-01139-AMC Doc 8995-8 Filed 07/14/05 Page 34 of 35

## PART V: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA

a.	<u>LITIGATION</u>
1.	Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?   Yes No
	If yes, please complete the rest of this Part V(a) for each lawsuit.
2.	Please provide the caption, case number, file date, and court name for the lawsuit you filed
	Caption:
	Case Number: File Date:
	Court Name:
3.	Was Grace a defendant in the lawsuit?   Yes   No
4.	Was the lawsuit dismissed?  Yes No
	If yes, please provide the basis for dismissal of the lawsuit?
5.	Has a judgment or verdict been entered?   Yes  No
	If yes, please indicate verdict amount and defendant(s):
6.	Was a settlement agreement reached in this lawsuit?   Yes   No
	If yes, please (a) indicate the settlement amount and (b) describe the terms of the settlement and the applicable defendants:
	a. Settlement Amount:
	b. Terms of the settlement (including any payments) and the applicable defendants:
7.	Were you deposed in this lawsuit?  Yes No
	If yes, please attach a copy of your deposition to this Questionnaire.
b.	CLAIMS
1.	Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? $\square$ Yes $\square$ No
	If yes, please complete the rest of Part V(b) for each claim. If no, please skip to Part VI.
2.	Date the claim was submitted:
3.	Person or entity against whom the claim was submitted:
4.	Description of claim:
_	
_	
5.	Was claim settled?  Yes  No
6.	Please indicate settlement amount:
7.	Was the claim dismissed or otherwise disallowed or not honored?  Yes  No
	If yes, provide the basis for dismissal of the claim:

# Case 01-01139-AMC Doc 8995 8 Filed 07/14/05 Page 35 of 35 Authorization to Disclose Health Information

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/prescription records, billing records, and insurance records. This authorization is effective only to the extent allowed under the applicable state law.

(Check One)		This release specifically does not authorize you to release any records pertaining to any mental health, psychiatric, or psychological treatment without further express consent from me. The Debtor reserve the right to seek these additional records in the future.
		This release specifically does authorize you to release any records pertaining to any mental health, psychiatric, or psychological treatment without further express consent from me.
Patient Name:		
Patient SSN:	<del></del>	Patient Date of Birth:
of PHI; it speci	fically	ase the PHI to any employee, agent or lawyer of the Debtors. This authorization is limited to the release does not authorize any persons/organizations authorized to make disclosures to discuss my PHI, medical any employee, agent or lawyer of the Debtors.
		Persons/Organizations Authorized to Make the Requested Disclosures
······		
	derstan	have the right to revoke this authorization at any time by writing to the Debtors and/or my health care providers listed d, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not .
		is authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and protected by federal privacy regulations.
		he health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or on whether or not I sign this authorization.
Any facsim	ile or pl	notocopy of this authorization shall authorize you to release the records described herein.
Signature:		Date:

If the Authorization is signed by a Personal Representative of the Individual, please provide a description of such representative's authority to

act for the individual: